



STATE OF ARKANSAS
Department of Pollution Control and Ecology
P. O. Box 8913 Little Rock, Arkansas 72219-8913
Telephone 501-562-7444

12-07-94
1

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

CAD08651000535374

Manifest
Document No.
2. Page 1
of 1

Information in the shaded areas is not
required by Federal law.

3. Generator's Name and Mailing Address

Douglas Aircraft Company Attn: Rob Tuell C6-59
19503 South Normandie Avenue Torrance CA 90502

A. State Manifest Document Number

AR-635375

B. State Generator's ID

HAHQ36005698

4. Generator's Phone (310) 533-7926 or (310) 533-7231

5. Transporter 1 Company Name

Laidlaw Environmental Services of CA, Inc.

6. US EPA ID Number

CAD00000831121

C. State Transporter's ID

PC --- H ---

D. Transporter's Phone

(310) 518-4700

7. Transporter 2 Company Name

DART TRUCKING COMP. INC.

8. US EPA ID Number

DIHD00098658215

E. State Transporter's ID

PC 902 H 205

F. Transporter's Phone

800-327-8866

9. Designated Facility Name and Site Address

ENSCO, Inc.
American Oil Road
El Dorado AR 71730

10. US EPA ID Number

ARD069748192

G. State Facility's ID

H. Facility's Phone

501-863-7173

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. Hazardous waste, solid, n.o.s., 9, NA3077, PG III (D039)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

002

DF

00190

P

352

D039

J. Additional Descriptions for Materials Listed Above

11a) 282804. Pipes containing hardened maskant.

K. Handling Codes for Wastes Listed Above

EMERGENCY RESPONSE INFORMATION:
24 hour emergency response telephone#
(800) 424-9300 (Chemtrec).
(310) 533-7926 (Rob Tuell)
DOT ERG# 11a31

if no alternate TSDF, return to generator

15. Special Handling Instructions and Additional Information

Load # 87563

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Robert G. Tuell, Jr.

Signature

Robert G. Tuell, Jr.

Month Day Year

11/1/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Lee Harris

Signature

Lee Harris

Month Day Year

11/1/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

MIGUEL MEDINA

Signature

Miguel Medina

Month Day Year

11/1/89

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

KATHLEEN PERDUE

Signature

Kathleen Perdue

Month Day Year

12/04/94

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

NOTICE: THE ORIGINAL AND NOT LESS THAN TWO (2) COPIES MUST MOVE WITH THE HAZARDOUS WASTE SHIPMENT. ONCE DELIVERED, THE TREATMENT/STORAGE/DISPOSAL FACILITY MUST RETURN THIS ORIGINAL COPY TO THE GENERATOR.

BOE-C6-0207696



Form Approved. OMB No. 2050-0039. Expires 9-30-94

BOE-C6-0207697

GENERAL INFORMATION

The Hazardous Waste manifest is designed to track waste from the point of generation to final disposal (cradle to grave). In order to accomplish this goal, it is essential that all items on the manifest be completed correctly. Incomplete or incorrect manifests are violations of the law, and could make you subject to civil or criminal liabilities as specified in the Federal Regulations and the Arkansas Hazardous Waste Management Code.

INSTRUCTIONS—IMPORTANT: READ ALL INSTRUCTIONS BEFORE COMPLETING

State and Federal regulations require Generators, Transporters, and Treatment, Storage & Disposal Facilities (TSDFs) to use this form and if necessary the continuation sheet for both inter and intrastate shipments. (Continuation sheets are not provided by the state of Arkansas.)

The Arkansas Manifest contains 6 copies. **ALL COPIES MUST BE LEGIBLE.** This form is designed for use on a 12 pitch (elite) typewriter; a firm ball point pen may also be used only if you press down **HARD**. The 6 copies must be distributed in the following way:

- ORIGINAL: **GENERATOR COPY**—The TSDF will mail back to the generator state where the waste was generated. (WHITE COPY)
COPY 2: **STATE COPY**—The in-state TSDF mails to Arkansas Department of Pollution Control. (YELLOW COPY)
COPY 3: **TSDF COPY**—TSDF keeps this copy for his records. (PINK COPY)
COPY 4: **2ND TRANSPORTER COPY**—The second transporter keeps for his records. (GOLD COPY)
COPY 5: **1ST TRANSPORTER COPY**—The first transporter keeps for his records. (GREEN COPY)
COPY 6: **GENERATOR INITIAL COPY**—The generator keeps once first transporter signs off and takes waste. (BLUE COPY)

IF THE TSDF IS LOCATED OUT-OF-STATE THE IN-STATE GENERATOR MUST SEND A PHOTOCOPY TO THE ARKANSAS DEPARTMENT OF POLLUTION CONTROL ONCE THE MANIFEST HAS BEEN SIGNED OFF BY THE TSDF.

MANIFEST FORM ACQUISITION

1. If the destination (consignment) state supplies a manifest and requires its use, then the generator is obligated to obtain the manifest from that state.
2. If the destination state does not supply the manifest, but the generator state does, then the generator is obligated to obtain the manifest form from the generator state.
3. If forms are unavailable from either state the generator may obtain a manifest from any source.

ARKANSAS WILL NOT ACCEPT THE GENERIC UNIFORM MANIFEST

GENERATOR SECTION

- Item 1: **GENERATOR'S US EPA ID NO.—MANIFEST DOCUMENT NO.**—Enter the generator's 12 digit EPA identification number. The manifest document number is a unique 5-digit no. the generator assigns to each manifest.
- Item 2: **PAGE 1 Of** — Enter the total number of pages used to complete this manifest; i.e., the first page plus the number of continuation sheets, if any.
- Item 3: **GENERATOR'S NAME & MAILING ADDRESS**—Enter the name and mailing address of the generator, and provide the site address.
- Item 4: **GENERATOR'S PHONE NUMBER**—Enter a telephone no. with area code where an authorized agent of the generator can be reached in case of an emergency.
- Item 5: **TRANSPORTER 1 COMPANY NAME**—Enter the company name (as notified to EPA) of the first transporter who will transport the waste.
- Item 6: **US EPA ID NUMBER**—Enter the US EPA 12-digit ID number of the first transporter identified in Item 5.
- Item 7: **TRANSPORTER 2 COMPANY NAME**—If applicable, enter the company name (as notified to EPA) of the second transporter who will transport the waste. If more than (2) transporters will be used, use a continuation sheet and list the transporters in the order they will be transporting the waste.
- Item 8: **US EPA ID NUMBER**—If applicable, enter the US EPA 12-digit ID number of the second transporter identified in Item 7.
- Item 9: **DESIGNATED FACILITY NAME & SITE ADDRESS**—Enter the company name and site address of the treatment, storage, disposal facility (TSDF) designated to receive the waste listed on this manifest.
- Item 10: **US EPA ID NUMBER**—Enter the 12-digit US EPA identification number of the designated TSDF listed in Item 9.
- Item 11: **US DOT DESCRIPTION**—All of the following must be entered: the correct US DOT (Dept. of Transportation) name for the waste identified, the assigned DOT Hazard Class and the UN/NA ID Number (e.g. waste sulfuric acid, spent corrosive material, UN1832 RQ). The word "waste" must appear as part of the DOT name. If more than 4 wastes are being shipped, a second manifest or continuation sheets must be used. (See 49 CFR 172.201).
- Item 12: **CONTAINERS (NO. & TYPE)**—Enter the number of containers for each waste and the appropriate abbreviations from Table 1 (below) for the type of containers used:

TABLE 1
CONTAINER TYPES

DM - Metal drums, barrels, kegs
DW - Wooden drums, barrels, kegs
DF - Fiberboard or plastic drums, barrels, kegs
TP - Tanks portable
TT - Cargo tanks (tank trucks)
TC - Tank cars
DT - Dump truck
CY - Cylinders
CM - Metal boxes, cartons, cases (including roll-offs)
CW - Wooden boxes, cartons, cases
CF - Fiber or plastic boxes, cartons, cases
BA - Burlap, cloth, paper or plastic bags

Item 13: **TOTAL QUANTITY**—Enter the total quantity of waste described on each line.

DO NOT USE FRACTIONS

Item 14: **UNIT (Wt./Vol.)**—Enter the appropriate abbreviation from Table 2 (below) for the unit of measure used in determining the total quantity of waste described on each line.

TABLE 2
UNITS OF MEASURE

G - Gallons (liquid only)
P - Pounds
T - Tons (2,000 lbs.)
Y - Cubic yards
L - Liters (liquids only)
K - Kilograms
M - Metric Tons (1,000 kg)
N - Cubic meters

- Item 15: **SPECIAL HANDLING INSTRUCTIONS & ADDITIONAL INFORMATION**—Use this space to indicate special transportation, treatment, storage, disposal, or Bill of Lading information. If any alternate facility is designated, note it here. For **INTERNATIONAL SHIPMENTS**, generators must enter the point of departure (city & state) in this space.
- Item 16: **GENERATOR'S CERTIFICATION**—The Generator must read, sign (by hand), and date the certification. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, air) inserted in the space. If another mode in addition to the highway mode is used, enter the appropriate additional mode in the space.
- Item A: **STATE MANIFEST DOCUMENT NUMBER**—Number preprinted by the state of Arkansas except on the continuation sheets. Enter this number on each continuation sheet attached to the manifest.
- Item B: **STATE GENERATOR ID**—Are numbers issued by state of Arkansas (i.e., PCB, Provisional, or Conditionally Exempt Generator Numbers).
- Item C: **STATE TRAN #1 ID**—Must have Arkansas Permit Number if transporting waste in, through, or out of Arkansas.
- Item D: **TRANSPORTER PHONE**—Enter a telephone number with area code where an authorized agent of the transporter can be reached.
- Item E: **STATE TRAN #2 ID**—If applicable, enter Arkansas Permit Number if carrying waste in, through, or out of the Arkansas.
- Item F: **TRANSPORTER PHONE**—If applicable, enter a telephone number with area code where an authorized agent of the second transporter may be reached.
- Item G: **STATE FACILITY'S ID**—No entry is required by Arkansas.
- Item H: **FACILITY PHONE**—Enter a telephone number with area code of the TSDF designated to receive the waste listed on the manifest.
- Item I: **WASTE NO.**—Enter the 4-digit EPA Hazardous Waste No. as listed in 40 Code of Federal Regulations Part 261.
- Item J: **ADDITIONAL DESCRIPTIONS FOR MATERIALS LISTED BELOW**—List additional description of material and alternate TSDF including TSDF address and EPA ID Number.
- Item K: **EMERGENCY RESPONSE INFORMATION**—Arkansas requires the generator to list an authorized representative name and 24 hour phone number in case of an emergency.

TRANSPORTER SECTION

- Item 17: **TRANSPORTER 1 ACKNOWLEDGEMENT**—Print or type the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.
- Item 18: **TRANSPORTER 2 ACKNOWLEDGEMENT**—If applicable, follow instructions for item 17 for the second transporter.
- Note: **ALL HAZARDOUS WASTE TRANSPORTERS OPERATING IN ARKANSAS MUST HAVE A VALID ARKANSAS TRANSPORTER PERMIT.**

DESIGNATED FACILITY (TSDF) SECTION

- Item 19: **DISCREPANCY INDICATION SPACE**—The authorized representative of the designated facility must note in this space any significant discrepancy between the waste described on the manifest and the waste actually received at the facility. Any rejected materials should be listed here, along with an explanation of the disposition of the rejected wastes.
- Item 20: **FACILITY OWNER/OPERATOR CERTIFICATION**—Print or type the name of the person accepting the waste on behalf of the owner/operator of the designated TSDF. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date.
- Note: For interstate shipments you may be required to comply with the manifesting requirements of both the receiving and generator states regarding the completion of specific information included in lettered items A-K. Please check with both generator and disposer states for specific requirements.

BURDEN DISCLOSURE STATEMENT

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, D.C., 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C., 20503.

Generator Name: Douglas Aircraft CompanyManifest No.: 35375 / AR-635375

Waste Code *	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR 268.43	CCWE 40CFR 268.41	Hazardous Debris	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
D039	Tetrachloroethane	<input type="checkbox"/>		<input checked="" type="checkbox"/>	INCIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* For Waste Codes F001-F005, F039, D002 & D001 DEACT, the underlying constituents must be identified, see attached.

- ☐ IF Column A is checked: I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.
- ☐ IF Column B is checked: I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic wastes specified in Appendix V to Part 268 or solid wastes not subject to regulation under 40 CFR Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.
- ☐ IF Column C is checked: If indicated by "X", the specified waste codes are able to be land disposed without further treatment. In accordance with 268.7(a)(2) and regarding those restricted waste(s) contained in this shipment, these waste(s) may be land disposed without further treatment.

I submit the following certification statement:

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false submitting a false certification, including the possibility of a fine and imprisonment.

- ☐ This hazardous debris is subject to the alternative treatment standards of 40 CFR 268.45.
- ☐ This manifest includes controlled benzene waste which is subject to the notification requirements of 40 CFR 61 subpart FF. WMDS # _____

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that all information submitted in this document is complete and accurate to the best of my knowledge and information.

Signature Robert G. Trull Title Senior Plant Engineer Date 11-18-94



LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Continuation Page

Manifest No.: _____

Waste Code	Subcategory	Wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Wastewater	Non-wastewater	Technology Based Standard 40CFR 268.42 TABLE 2 Non-wastewater	CCW 40CFR 268.43	CCWE 40CFR 268.41	Appen. IV Lab Pack	Appen. V Lab Pack	No Further Treatment	Variance or Extension
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Variances, Extensions and Other Notes:

WORK ORDER

221 E. "D" ST. • P.O. Box 1175
WILMINGTON, CA 90748-1175
(310) 518-4700 • (800) 955-5359



CUSTOMER/ACCT. NO
240120

WORK ORDER NO.

09023
9017

BILLING ADDRESS
SAME

SERVICE ADDRESS
DOUGLAS AIRCRAFT
190th X NORMANDIE
TORRANCE CA

ORDER DATE 11/29/94	DATE TO BE DONE 11/30/94	CUSTOMER P.O. # 27064-H6280	ORDERED BY CURT WARD	TELEPHONE# () 0 0	CONTACT PERSON
REP.	DIV. #	DEPARTMENT	CUSTOMER'S EPA #	CUSTOMER'S BD OF EQUAL #	CONTACT PHONE # () 0 0

1 60 BBL OR PETRO TO P/U LOAD OF COLING FOR DISPOSAL AT NORRIS

Douglas Mc DONNELL
Building #1
on site 630 AM
Leave Site 210 PM

70 Barrel Capacity Vacuum Truck

DRIVER COMPLETE:

SERVICES PERFORMED

Standby and pump wastewater
from RINSE TANK 90 while crew
clean wash tank. Leave tank 16022 ON
site. Crew will continue to load
tank-trailer 12-1-94 for disposal site

START TIME 0530

STOP TIME 300 PM

START MILES 207218

END MILES 207230

TRUCK NUMBER 16022

TRAILER NUMBER

Manifest Number _____ Date Completed _____ Drivers Name _____
nments _____

In the event of any litigation arising out of this agreement or any transaction contemplated hereby, the prevailing party shall be entitled to reasonable attorney's fees, expenses and costs.

NOT AN INVOICE - BILLING WILL FOLLOW

Customer Signature

Robert B. Truell, Jr. 12-01-94

PRICING INSTRUCTIONS - DRUMS

Operator _____ Hrs. @ _____ Per Hr.
 Project Manager _____ Hrs. @ _____ Per Hr.
 First Technician _____ Hrs. @ _____ Per Hr.
 Second Technician _____ Hrs. @ _____ Per Hr.
 Third Technician _____ Hrs. @ _____ Per Hr.
 Fourth Technician _____ Hrs. @ _____ Per Hr.
 Fifth Technician _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.
 Truck # _____ Hrs. @ _____ Per Hr.

0.11.20-08
 0.11.20-08
 0.11.20-08

Sundays, Holidays, and After Hours @ _____ % =

0.11.20-08

TRANSPORTATION & DISPOSAL FEES TO TSD FACILITY

5 Gal. Cans Liquid @ _____ Each
 5 Gal. Cans Solid @ _____ Each
 5 Gal. Cans Lab Packed @ _____ Each
 55 Gal. Drums Liquid @ _____ Each
 55 Gal. Drums Solid @ _____ Each
 55 Gal. Drums Lab Packed @ _____ Each
 Empty 5 Gal. Cans @ _____ Each
 Empty 55 Gal. Cans @ _____ Each

County Tax _____

MATERIALS USED

5 Gal. Cans @ _____ Each
 55 Gal. Drums @ _____ Each
 Recovery Drums @ _____ Each
 Bags Vermiculite @ _____ Each
 Bags (Other Describe) @ _____ @ _____ =
 Hazardous Waste Labels @ _____ Each
 Drum Liners @ _____ Each

Safety Equipment Number of Sets _____ @ _____ =

PRICING INSTRUCTIONS - PUMPING

Compensation _____ Hrs. @ _____ Per Hr.

Washout Fee

Dump Fee

TOTAL